

## Application for Recertification of Assessment Personnel – Continuing Education Alternative

### NOTE:

1. A \$20 check or money order made payable to the Wisconsin Department of Revenue must be enclosed with this application.  
Do you need a receipt? ☐ Yes ☐ No
2. File a separate form for each level of certification for which you are applying.
3. The mailing address you supply will be considered your business contact information.

Last Name		First Name		MI	Social Security Number
Mailing Address					Telephone Number ( )
City		State	Zip Code		County
Level of Certification for which you are applying for recertification ( <i>check only one</i> ) <input type="checkbox"/> Assessment Technician <input type="checkbox"/> Property Appraiser <input type="checkbox"/> Assessor 1 <input type="checkbox"/> Assessor 2 <input type="checkbox"/> Assessor 3					
List at least four out of five annual meetings called by the Department of Revenue (Sec. 73.06(1) Wis. Stats.) which you attended during the five years prior to your certification expiration date. ATTACH PHOTOCOPIES OF ATTENDANCE CERTIFICATES RECEIVED AT THE MEETINGS <b>NOT</b> LISTED ON YOUR COMPUTER PRINTOUT. 20 ____ 20 ____ 20 ____ 20 ____ 20 ____					

As applicable for my level of certification, I have successfully completed the following approved programs for assessor continuing education. (Please list only those approved programs which are **NOT** shown on the enclosed printout.)

ATTACH PHOTOCOPIES OF ATTENDANCE CERTIFICATES OR GRADE REPORTS RECEIVED AT THE PROGRAMS/COURSES **NOT** LISTED ON YOUR COMPUTER PRINTOUT.

Program Number	Program / Course Title	Date Attended	Appraisal Hours	Law / Mgmt Hours
TOTAL HOURS				

I attest that the information I have provided on this form and attached copies of certificates of attendance and/or grade reports meet the requirements to be recertified under the assessor continuing education alternative described in Tax 12.065 of the Wisconsin Administrative Code pursuant to Section 73.09(4) of the Wisconsin Statutes.

**\*\*\* APPLICATION MUST BE POSTMARKED  
AT LEAST 60 DAYS PRIOR TO YOUR CURRENT  
CERTIFICATION EXPIRATION DATE \*\*\***

Subscribed and sworn to me on this \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Date

Signed \_\_\_\_\_

### RETURN COMPLETED, NOTARIZED APPLICATION, AND \$20 FEE TO:

Wisconsin Department of Revenue  
Assessor Certification and Training, MS 6-97  
PO Box 8971  
Madison, WI 53708-8971

County of:

\_\_\_\_\_

My Commission expires on:

\_\_\_\_\_

(Seal)